



**Jersey Care
Commission**

SUMMARY REPORT

Ronceray Care Home

**Rue du Huquet
St Martin
JE3 6HE**

14 & 18 July 2023

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The newly appointed Manager, Area Manager and staff team engaged fully in the inspection process. They ensured that any requests for information and records were met. Where there were requests for additional information to be submitted electronically following the inspection visits, these were provided.

The findings of this inspection were concerning based on poor compliance with many of the Care Home Regulations and Standards. There were fifteen areas of improvement identified.

Family members were confident in providing feedback about the home and how their relatives are looked after at Ronceray. All the feedback received from relatives was overwhelmingly positive. Common themes included that Ronceray feels “homely and cosy”, the care workers give lots of attention to their relatives and “really care”. The caring aspect is consistent, and communication between the home and relatives is excellent.

The Regulation Officer reviewed a selection of the organisational policies and procedures and other documentation. Policies were found to be in order and reflected the requirements of the Care Home Standards. Additional documentation, such as the supervision record, was recently updated and reflected a strengths-based approach to supervision.

There were four areas of improvement following the previous inspection on 10 and 15 December 2022. These areas were reviewed during the inspection process. There have yet to be improvements made in three of the four areas; these will continue to be areas of improvement alongside other identified areas.

The care home has benefitted from a small, consistent staff team. There have been recent significant changes to the management team with the resignation of the long-standing Registered Manager. There are currently changes to some of the processes, care practices and general management of the home. The staff team reported that the change process has felt disruptive, which has destabilised the team, with some staff members choosing to leave the service and others expressing dissatisfaction with some of the changes.

There is an induction programme, in place for all newly recruited staff. As part of the induction programme, there is an expectation that identified mandatory training appropriate to the role is completed within the induction period and before working without supervision. Standard 3.10 of the Care Home Standards sets out this requirement. The Regulation Officer reviewed the personnel file of one of the most recently recruited care staff members. There was evidence that an induction programme had been followed; however, the mandatory training programme had not been completed before working unsupervised.

There was no evidence of a clear management oversight of the staff team's ongoing training needs and training plan. This meant some staff members were not up to date with mandatory training. Feedback from staff reported that they were not always given protected time to complete their training, and there was no designated training area in the home with I.T facilities to support access to online training programmes.

The Regulation Officer completed a review of the care records. There was evidence of care planning, including appropriate assessments and risk management plans. The care plans reflected the needs and personalities of the care receivers; they also incorporated their wishes and preferences. Regular reviews of the care plans were evident.

A review of the fire procedures was conducted; the statutory fire and safety procedures required of the home were not being adhered, weekly fire alarm testing had not been taking place.

Regular opportunities for staff to discuss their role, issues, or good practice through formal supervision and appraisal had not been available to the staff team.

There was limited evidence that a weekly timetable of meaningful activities was incorporated into the daily routine of the care receivers. It was apparent that the funding, time, and resources needed to provide leisure and social activities had not been made available to the activity co-ordinator.

There is a continued delay in the planned building/refurbishment of the home. It was recognised that the size of some of the bedrooms needed to be brought into line with the requirements for care home environments, as determined by the Regulation of Care (Jersey) Law (2014). The refurbishment had not commenced at the time of the inspection.

The Regulation Officer reviewed a set of personnel files to ensure that safe recruitment processes were followed. The content of the files evidenced an inconsistency with the availability of the common set of core data, which promotes safe recruitment procedures.

Through discussions with the Manager and staff members, it was highlighted that care staff were covering different job roles on top of their substantive posts. The Care Home Standards specify that staff members should be provided with a job description that details the duties and responsibilities of that role. Additionally, the Standards recommend that staff are competent in their roles and responsibilities and should only undertake work that they are trained to do.

Ronceray is registered as a home for people diagnosed with dementia. The Standards state that where specialist care is provided, the qualifications of the care/support staff are to be specified. The Regulation officer reviewed the dementia training available to staff members; an introductory online course is recommended; however, not all staff had completed this training. Dementia is a specialist area that staff supporting dementia clients need to understand. The training should be more specialised and focused on what 'living with dementia' is like.

IMPROVEMENT PLAN

There were 15 areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard: 3.14</p> <p>To be completed by: Registered Manager 1 month of inspection date</p>	<p>Supervision</p> <p>The Registered Manager must ensure that members of the care/support staff team are receiving individual supervision at least four times a year.</p>
	<p>Response of Registered Provider:</p> <p>Supervision sessions have been held and completed for all staff following newly designed format.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard: Regulation 12</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p>	<p><i>Infection prevention measures</i></p> <p>Cleaning protocols and procedures to be put in place, The laundry area to be clearly organised, with guidance for staff to follow around the safe disposal of infected and dirty laundry.</p>
	<p>Response by registered provider:</p> <p>New cleaning protocols and procedures have been implemented which includes segregation and handling of dirty laundry. The Laundry area has been redesigned and a dedicated Laundry Assistant has been employed.</p>

Area for Improvement 3 Ref: Standard: 3.14 To be completed by: Registered Manager Area Manager With immediate effect	Annual appraisals Model of annual appraisal for staff members to be implemented. Appraisals to be carried out and recorded at least annually.
	Response by registered provider: Annual Appraisals for staff have been commenced and is ongoing.

Area for Improvement 4 Ref: Standard: 3.10, Appendix 6 Program Requirements for Care/Support Workers To be completed by: Registered Manager Area Manager With immediate effect	Induction Processes Model of induction to be implemented and followed for all new members of care/support staff. To include a competency framework that includes the provision of statutory and mandatory training.
	Response by registered provider: Newly designed Induction Program for care staff have been implemented and completed. All statutory and mandatory trainings have been delivered to staff.

Area for Improvement 5 Ref: Standard: 12.2 To be completed by: Provider	Monthly Reports A system to be in place to regularly review the quality of the services provided. The Provider to arrange for an independent representative to report monthly on the quality of care and compliance with registration requirements.
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Registered Manager Area Manager 1 month of inspection date	Response by registered provider: An external independent Quality Assurance Officer has been employed responsible for conducting audits and producing monthly reports.
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Area for Improvement 6 Ref: Standard: 3.2, Appendix 4 To be completed by: Registered Manager Area Manager With immediate effect	Safe Recruitment Practice Safe recruitment checks to be followed as specified by the Care Home Standards.
	Response by registered provider: A new Recruitment Policy has been devised to enable the Home to recruit safely as per the standards.

Area for Improvement 7 Ref: Standard: 4.2,4.6 To be completed by: Registered Manager With immediate effect	Fire Procedures Fire procedures set out by the States of Jersey Fire and Rescue Service to be followed.
	Response by registered provider: Regular Fire Drills & Instructions are held for both day & night staff. A designated person has been appointed responsible for conducting weekly fire alarm tests.

<p>Area for Improvement 8</p> <p>Ref: Standard: 3.9,3.11</p> <p>To be completed by: Registered Manager Area Manager</p> <p>1 month of inspection date</p>	<p>Staff Training</p> <p>Requires managerial oversight of the training needs of the staff team.</p> <p>Training to be available in different formats such as face to face and online.</p> <p>Protected time to be provided to staff to complete training requirements of their role.</p>
	<p>Response by registered provider:</p> <p>The company has made a significant investment in training all staff with focus on face-to-face trainings. Staff are provided protected paid time for their trainings.</p>

<p>Area for Improvement 9</p> <p>Ref: Standard: 3.12</p> <p>To be completed by: Registered Manager Area Manager</p> <p>3 months of inspection date</p>	<p>Professional Development-</p> <p>Professional development of staff to be encouraged and supported by the management team and provider of the service.</p>
	<p>Response by registered provider:</p> <p>Various staff members have been enrolled and have commenced their trainings such as RQF level 2/3 and RQF level 5.</p>

<p>Area for Improvement 10</p> <p>Ref: Standard: 6.3, 1.3</p> <p>To be completed by: Registered Manager Area Manager 3 months of inspection date</p>	<p>Dementia Training</p> <p>Specialist Dementia training to be commissioned for all staff working in the service. This should incorporate a 'living with dementia' element.</p>
	<p>Response by registered provider:</p> <p>Dementia Workshops have been conducted and all staff have received the training. There are more workshops to be held as per availability of both trainer and staff.</p>

<p>Area for Improvement 11</p> <p>Ref: Standard: 9.1</p> <p>To be completed by: Registered Manager Staff team 3 months of inspection date</p>	<p>Activities</p> <p>A weekly programme of activities to be made available to care receivers. Activities should promote social, physical, and psychological well-being of the care receivers. To incorporate outings into the community that are meaningful to the care receivers.</p>
	<p>Response by registered provider:</p> <p>A weekly programme of activities for residents has been implemented which includes Yoga, Zumba, Live Music, Arts & Craft, Painting, Beauty Therapy, Reading and Fun Games.</p> <p>Meaningful outings for residents in a designated vehicle is being planned.</p>

<p>Area for Improvement 12</p> <p>Ref: Standard: 11.1</p> <p>To be completed by:</p> <p>Registered Manager</p> <p>Area Manager</p> <p>With immediate effect</p>	<p>Management oversight/improved communication to staff team</p> <p>Regular team communication meetings to be implemented. Staff to be given the opportunity to voice their ideas, concerns and give feedback regarding their experiences of working in the service.</p> <hr/> <p>Response by registered provider:</p> <p>Staff meetings have been held and regular meetings are planned. They are all encouraged and facilitated to voice their ideas, concerns and experience of working for the Home.</p>
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<p>Area for Improvement 13</p> <p>Ref: Standard: 3.9</p> <p>To be completed by:</p> <p>Registered Manager</p> <p>Area Manager</p> <p>3 months of inspection date</p>	<p>Roles and Responsibilities</p> <p>Staff to have clear job descriptions for their role that specify duties and responsibilities.</p> <p>Staff to be facilitated to work to their job role and only cover other roles in exceptional circumstances.</p> <hr/> <p>Response by registered provider:</p> <p>The Home has been able to employ staff who have designated job roles. The statement of employment and job descriptions are being reviewed by the Human Resources Personnel.</p>
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<p>Area for Improvement 14</p> <p>Ref: Standard: 7.1, Appendix 10</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p>	<p>Building works/Refurbishment</p> <p>A formal project plan to be submitted to the Commission, outlining how the refurbishment will be planned, managed, and coordinated. Additionally, confirmation as to the number of beds that will be out of use during each phase and long term.</p>
	<p>Response by registered provider:</p> <p>A monthly update is provided pertaining to the ongoing refurbishment.</p>

<p>Area for Improvement 15</p> <p>Ref: Standard: 4.3, Appendix 8</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p>	<p>Notifications</p> <p>Notifiable events to be provided to the Commission within two working days of the incident.</p>
	<p>Response by registered provider:</p> <p>All senior staff have been trained to use the on-line notification form.</p>

The full report can be accessed from [here](#).